Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC) **Date:** April 15, 2016

Attendance: **Committee members present**: Jerome Adams, MD, MPH (Chair); Jennifer Walthall, MD, MPH; David Kane (Vice Chair); Michael Garvey; Chris Hartman, MD; Gerardo Gomez, MD; R. Larry Reed, MD; Matthew Vassy, MD; Jennifer Konger (proxy for Lisa Hollister, RN); Ryan Williams; Tim Smith; Bekah Dillon, RN, MSN, CEN; Jay Woodland (proxy for Stephen Lanzarotti, MD); Lewis E. Jacobson, MD, FACS; Donald Reed, MD, FACS; David Welsh, MD; Scott Thomas, MD; Thomas Rouse, MD; and Tony Murray (via webcast)

Committee members not present: Spencer Grover; Michael McGee, MD; and Mitchell Farber, MD

ISDH Staff Present: Art Logsdon; Katie Hokanson; Murray Lawry; Camry Hess; Ramzi Nimry; Lauren Savitskas; Rachel Kenny; Tanya Barrett and Jessica Schultz (via webcast)

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Jerome Adams, MD, MPH, Chair	Jerome Adams, MD, MPH, State Health Commissioner and Chair, opened the meeting at 10:05 am. He welcomed all attending and asked for introductions from the Committee members present. He then asked for introductions from others in attendance. Dr. Adams thanked everyone for attending the meeting and for all their hard work on the issues brought before the Committee.	N/A	N/A
2. Approval of Minutes from the February 19, 2016 ISTCC Meeting	Dr. Adams asked for comments or corrections to the minutes of the February 19, 2016 ISTCC meeting. Hearing none, he entertained a motion for approval. Dr. David Welsh made a motion that the minutes be approved as distributed; it was seconded by Dr. Gerardo Gomez and passed unanimously	Minutes approved as distributed.	N/A

3. Opening Remarks – Dr. Adams	*Prescription Drug Overdose Conference* - Dr. Adams attended the conference in Washington, DC. The top leaders from all the federal agencies were in attendance because this is such an important topic. *ACS Verification* - St. Vincent Anderson was congratulated on recently receiving the American College of Surgeons (ACS) verification to be a level III trauma center.		
4. Prescription Drug Overdose Grant Funding – Katie Hokanson	Katie discussed the new CDC Prescription Drug Overdose Prevention for States grant. While poisoning is not considered a traumatic injury, it surpassed motor vehicle collisions as a leading cause of injury death since 2008. Katie shared CDC slides regarding the 2014 Boost grant, which Indiana was approved for, but not funded. The ISDH applied in early 2015 for the Prescription Drug Overdose: Prevention for States and was initially approved but not funded. The ISDH was then funded on March 1, 2016. The grant will address three main areas: (1) enhance and maximize Prescription Drug Monitoring Program (PDMP), which is INSPECT in Indiana, and the state will be expanding the Indiana Violent Death Reporting System to capture poisoning overdose deaths; (2) implement community interventions in high-need areas to coordinate intensive prevention efforts focused on addressing problematic prescribing, data reports, naloxone education for first responders and lay providers – noting Bonnie Barnard has been brought on board as the PDO Outreach Coordinator, and (3) evaluate impact of policy changes in Indiana; pain clinic ownership, opioid prescribing, first responder and lay provider use of naloxone. This activity will be completed by the IU Richard M. Fairbanks School of Public Health. CDC's main goals continue to include (1) enhancing the PDMP (2) interventions (3) surveillance and (4) guidelines and resources for effective PDMP.	N/A	N/A

	The Division will be working with Professional Licensing Agency (PLA) to integrate PDMP with electronic health records which will reduce data reporting intervals to PDMP, support effective clinical decision making and prevent drug diversion. Katie also explained the expansion of the Indiana Violent Death Reporting System (INVDRS) by collecting poisoning overdose data in the module within the National Violent Death Reporting System (NVDRS). This data is going to be collected because the Division needs good surveillance data to describe the burden of overdose death to inform prevention response and to identify promising practices in a timely manner. Katie stated that in the state of Florida opioid overdoses fell sharply between 2010 and 2012 after policy changes were implemented. Katie highlighted a huge part of the issue in tracking this data is with the actual death certificate. Indiana's death certificates do not always specify which drug was the actual cause of death. As well, this information is not reported timely. Proposed solutions include: - Link death certificate data with coroner and medical examiner information. - NVDRS platform will collect the majority of needed information using an established infrastructure to collect vital statistics and coroner/medical examiner information. - Maximize limited resources to collect data on unintentional overdoses. - Respond to a need expressed by some NVDRS states. - Use separate tab to collect overdose specific information. Katie briefly described the type of data that will be collected within the NVDRS in the poisoning overdose module. PowerPoint will be available online for all to access as needed.		

	Katie continued by discussing the "community intervention" portion of the grant by letting the Committee know that Bonnie Barnard has contacted other grant funded states to learn best practices and how other regions are collecting and evaluating data. The final grant piece is to evaluate the impact of policy changes statewide. Katie reported the IU Richard M. Fairbanks School of Public Health will evaluate (1) pain ownership clinics (2) opioid prescribing and (3) first responder and lay provider use of naloxone. The group is also working to implement community interventions in high-need areas. Some efforts underway are coordinating intensive prevention efforts by : - Focusing on problematic prescribing - Data reports to counties to inform of local efforts - Naloxone education for first responders and lay providers - Increased awareness of opioid prescribing and dispensing and overdose deaths at the county level. The last step will be to evaluate the impact of policy changes in Indiana. This will be done in conjunction with the Indiana Pharmacy Board and the IU Richard M. Fairbanks School of Public Health. The funding will support three activities: - Expanding INSPECT data for public health surveillance - Implement community interventions for "hot spot" counties - Evaluate laws, policies and regulations implemented in Indiana.		
5. **Regional Updates**	**District 1 (Jasper, Newton, Lake, Porter, and La Porte Counties)** – Jennifer Homan from St. Anthony Crown Point presented the report for District 1. This district has had two meetings for the Regional Trauma Planning and the next meeting is scheduled for early May. The District has almost finalized bylaws. They have worked with local EMS to determine entities to be a part of the committee. The District has two in-process facilities: Methodist Northlake and Franciscan St.		

	Anthony Health – Crown Point. There are other facilities interested in becoming Level III centers and there are no level IIs at this point in the District. They are contemplating inviting other transferring facilities to be part of the District, including facilities in the Chicago area and Memorial South Bend. The District needs to develop EMS protocols due to a recent incident with a bus and numerous patients going to only one facility. **District 7 – (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties) –** Carrie Malone, Terre Haute Regional Hospital, sent an update that was read by staff member Rachel Kenny. The Wabash Valley Trauma Advisory Council (WAVTAC) is editing and revising their bylaws for the regional trauma committee. Terre Haute Regional is an in-process Level II and Union Hospital Terre Haute is an in-process Level III. The critical access hospitals include: Union Clinton Hospital, Putnam County Community Hospital, St. Vincent Clay Hospital, Sullivan County Community Hospital, and Greene County Community Hospital. **Region 8 – (Brown, Monroe, Bartholomew, Jackson, Lawrence, Orange, and Washington Counties)** IU Health Bloomington will submit a Level III in-the-process application. They have submitted their ACS verification site visit request, but still awaiting response from ACS to schedule the event. They had their consultation visit in August of 2015. A vertical value stream event will be held to identify deficiencies and work to correct all by the end of May. A vertical value stream is similar to Lean Six Sigma. Instead of taking one problem and solving it, a review is made of all deficiencies and teams are brought in to fix deficiencies to obtain buy-in facility wide.		

6. Subcommittee Updates Designation Subcommittee – Dr. Geraldo Gomez, Eskenazi Health	The Designation Subcommittee met recently and Dr. Gomez shared two topics that were discussed by the Committee: (1) In-process trauma center updates and (2) pre-hospital triage and transport rule review. Dr. Gomez shared information on the facilities that are currently in-the-process. He also reviewed the ACS process that states "*if a facility that is designated in-the-process and has not pursued verification within two years it will be dropped from the process.*" Dr. Gomez reviewed, via power point, the documentation of essential requirements and the time given by the ACS to ensure all criteria are met for verification. He also reviewed the process by which the College allows hospitals to correct deficiencies. He posed a question to the members of the Committee - if the facility needs the 6-12 month period, does Indiana leave the facility in the in-the-process or drop them from the list? He did not initiate discussion because the Subcommittee has not come up with its recommendation yet but asked anyone with suggestions to forward them to Katie or any member of the Subcommittee. Dr. Jacobson stated the ACS has been pushing visits further and further out and because of limitations of the Orange Book, reports are taking a very long time to be returned to the hospitals. He stressed the state does not want to penalize the hospitals because of the slowness of the ACS. Dr. Jacobson stated some of these visits are pushed a year or more out and reports are taking 3 to 4 months to be returned. The Subcommittee has studied ways to stop the clock on the "in-the-process" process because of these issues but have not found a viable resolution. Much discussion resulted from this issue.		

	It was decided this issue will be returned to the Designation Subcommittee for further discussion, study and possible resolution. Dr. Adams asked the Subcommittee member and ISTCC to keep in mind that if a center is "in-the-process" and the ACS has slowed the verification process, and the facility has deficiencies, should the state have a system in place to monitor the facility and the deficiencies? Dr. Gomez moved to a discussion regarding the 45-minute vs. 30-minute drive map according to CDC guidelines. Dr. Gomez and the Subcommittee recommend the proposed changes to the EMS Commission Triage and Transport Rule. The proposed changes included: - Patients who meet step I or step 2 of the field triage decision scheme shall be transported to a level I or II trauma center. If the patient's life will be endangered due to time to reach a level I or II then they may be transport to a level II trauma center. - Patients who meet step 3 of the field triage decision scheme shall be transported to a trauma center. If the transport time is over 45-minutes or the patient's life would be endangered due to a long transport time then the patient should be transported to the nearest appropriate hospital. - Patients who meet step 4 of the field triage decision scheme should be taken to a trauma center of the nearest appropriate hospital. Dr. Hartman made a motion that the Committee recommend to the EMS Commission the use of the 45-minute drive map instead of the 30- minute drive map; it was seconded by Dr. Welsh and passed unanimously.		

	Dr. Vassy asked for clarification regarding the recommendation process between the ISDH and IDHS. The recommendation will go to the EMS Commission with the recommendation from Dr. Adams and will go to the next meeting of the Commission on April 29, 2016. After reviewing the 45-minute drive map, Tim Smith asked if any hospitals in the Bloomington area had shown any interest in becoming a verified trauma center. Katie shared she has had several conversations with Bloomington-area facilities regarding the process to become verified. In fact, Katie introduced Lindsay Williams, Trauma Program Manager at IU-Health-Bloomington who updated the Committee on the facility's progress in readying its application for "in-the-process" approval. Lindsay stated their verification visit request has been submitted but no response has been received. The facility's consultation visit has already occurred with the verification visit expected in January of 2017. The anticipated no major issues with the process. Katie presented emergency department length of stay (ED LOS) by severity category. The graph showed the percent of patients transferred from EDs at non-verified trauma center hospitals in under two hours. None of the groups were significantly lower than the others. Camry presented under- and over-triage analysis based on the definitions found in the Orange Book *Resources for Optimal Care of the Injured Patient* (page 28). Data were analyzed for January 2014 through September 2015 by month. Only two months did not meet the under-triage goal of 5% or less. All of the months had over-triage percentages higher than the goal of 24 to 35%. It is better to have too much over-triage than too much under-triage.		

	Katie asked the Committee if they would like to continue to receive this data. It was the consensus that the data will continue to be provided. Katie discussed the Collaborative Improvement & Innovation Network (CoIIN) and the upcoming Second Annual IPAC Injury Prevention Conference which will be held at Eskenazi Health on May 19th. Registration is currently open. They are still seeking supporters for the Conference and if anyone is interested in this opportunity please contact Tanya Barrett at tabarrett@isdh.in.gov. Katie briefly reviewed the speakers already scheduled for the Conference as well as the agenda. The topics range from bicycle safety to older adult falls. Two tracks will be offered during the conference – one for adults and the other for children. Information regarding e-cigarettes and the poisoning aspects of them will also be presented. She also encouraged everyone to remind EMS providers in their respective areas to provide run sheets and to encourage hospitals to report any providers who do not follow this practice along with the names of the names of the hospitals reporting the errors.	This data will continue to be shared with the Committee.	Katie and Camry
7. Injury Prevention Update – Lauren Savitskas	Lauren presented information regarding a new initiative – Booster Bash. She presented data and information regarding child restraints and booster seats in motor vehicles. The ISDH is working on hosting "Booster Bashes" around the state to ensure more kids statewide are in properly installed and proper sized car restraints. Lauren introduced Judith Talty with the Automotive Safety Program at IU School of Medicine. She updated the Committee on the child safety program at IU. She gave an overview of Indiana's child passenger safety laws noting there are numerous gaps in the law. She presented examples of kids who were not restrained properly.	N/A	N/A

	Katie expressed a need to have a requirement for safety restraints for hospitals i.e., when a child is discharged with an injury or disability, that they are in proper seat restraints for their age, size and injury level. This needs to be in place for all hospitals statewide. Ms. Talty reviewed the hospital-based car seat program in the state noting each summer her group provides a car seat clinic at the Indianapolis Zoo. In 2015 over 100 car seats were provided with many Latino and African-American families turning out for this event. She stated many trauma centers around the state already have programs – many through trauma services. She shared a list of these centers that can be used as resources. There is a committee of hospital-based child passenger safety programs based at Riley Hospital. The contact information is in the PowerPoint presentation that was shared. Other topics she covered were: - Do hospitals have resources available to discharge a child with special needs, i.e. a leg cast. - Are pediatric patients transported correctly? - Safe Kids Indiana – which is a worldwide organization. Ms. Talty introduced April Brooks who is the Automotive Safety Program Coordinator at Riley Hospital. Ms. Brooks showcased the National Child Passenger Safety Certification Training Program that is offered through IU. This is a 3 to 4 day training which is $85 per person with reimbursing scholarships available. Trainees must attend all 4 days to complete their certification.		

	Ms. Brooks also mentioned that facilities around the state can host training sessions on their sites if enough candidates are available and ample space is available which includes (1) a large room, (2) accessible areas for vehicles and (3) car seats must be available. Mini-grants are available to purchase car seats if necessary. Judith and April shared a listing of all hospitals that currently have hospital-based trauma centers which offer and provide child passenger safety programs around the state. If anyone is interested in taking the course outlined by Ms. Brooks, they can contact her at IU Health to schedule the training.		
8. Health Care Hero Nomination – Courtney VanJelgerhuis, Indiana EMS for Children	Courtney VanJelgerhuis, Indiana EMS for Children share information regarding the "Health Care Hero Nominations". She stated that nominations for 2016 are closed but they take nominations year round in search of individuals who go the extra mile, over and above to help children. Please contact Courtney with nominations.		
9. Committee Meeting Dates for 2016	June 17, 2016 August 19, 2016 October 21, 2016 December 16, 2016		
10. Adjournment – Dr. Adams	Hearing no further comments or business to come before the ISTCC, Dr. Adams thanked everyone for their attendance. He adjourned the meeting at 12:00 pm.		